



PTO/SB/82 (09-04)

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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/625,236
Filing Date	JULY 22, 2003
First Named Inventor	HELEN CASTIGLIA
Art Unit	2875
Examiner Name	STEPHAN F. HUSAR
Attorney Docket Number	CASTIGLIA - 1

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	BERNARD S. HOFFMAN				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Helen Castiglia</i>		
Name	HELEN CASTIGLIA		
Date	1/18/05	Telephone	(631) 281-4010

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/625,236
Filing Date	JULY 22, 2003
First Named Inventor	HELEN CASTIGLIA
Title	DECORATIVE LIGHTING SYSTEM...
Art Unit	2875
Examiner Name	STEPHAN F. HUSAR
Attorney Docket Number	CASTIGLIA1

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
BERNARD S. HOFFMAN	30,756

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:

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<input checked="" type="checkbox"/> Firm or Individual Name	BERNARD S. HOFFMAN				
Address	460 OLD TOWN ROAD, SUITE 7F				
City	PORT JEFFERSON STATION	State	NEW YORK	Zip	11776
Country	U.S.A.				
Telephone	(631) 331-8883	Fax	(631) 331-8883		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Helen Castiglia</i>	Date	1/18/05
Name	HELEN CASTIGLIA	Telephone	(631) 281-4010
Title and Company	APPLICANT		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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